

## **ZYVOX PA SUMMARY**

**STATUS:** Preferred

**LENGTH OF AUTHORIZATION:** Varies, based on diagnosis

**PA CRITERIA:**

- ❖ Patients started on IV or oral Zyvox or IV Vancomycin while in the hospital or in an outpatient setting may be eligible for approval, based on diagnosis provided at time of prior authorization request.
- ❖ Alternatively, providers should be prepared to provide documentation of infection cultures demonstrating sensitivity to Zyvox.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please click [here](#).

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).